

**Bridgewater  
Mall  
Family  
Dental  
Center**

***Welcome  
to Our  
Practice...***

**Box 144, Bridgewater Mall  
421 LaHave St.  
Bridgewater, NS B4V 3A2  
902-527-0707  
[www.bmfdc.com](http://www.bmfdc.com)**

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*Our goal is to provide first-class general dental treatment to you and your family in an atmosphere of above average courtesy and consideration.*

*We are a family-oriented health care practice that provides services to children, adults and seniors. We provide a wide range of dental services through basic restorative (fillings), periodontics (gum therapy), endodontics (root canal), crown and bridge (major restorative), oral surgery (tooth removal), prosthodontics (dentures) and orthodontics (braces). When necessary we will be happy to refer you to the appropriate specialist.*

*We always make room for new patients while maintaining the health of our ongoing patients. If you wish to recommend our services to others we would be happy to welcome them into our practice.*

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### **Hours of operation**

Our hours vary with the time of year and other commitments of our staff. Please contact our office for up to date office hours.

### **Reserved appointments**

When a reserved appointment time has been given to your, we would ask that your provide us with at least 24 hours notice if you need to change or cancel your reserved appointment. No charge will be made, if we are provided with adequate notice.

### **Emergency services (for regular patients only)**

We will provide 24 hour emergency services to you and your family by calling 527-0707. If you require emergency treatment which cannot be delayed, you will be seen within the hour.

### **Fees**

All our fees are charged in accordance with the current Nova Scotia Dental Association Schedule Fees. We are open to discuss or explain these fees to you at any time, if you have any questions. Interest of 2% per month is charged on all accounts with an unpaid balance of more than 30 days.

### **Insurance**

We are happy to provide the free service of accepting assignment from your Insurance Company. In other words, if your Insurance Company pays for a percentage of your dental fees, we are prepared to accept payment directly from you Insurance Company for that percentage for which they are responsible. We would ask that you pay for the percentage for which you are responsible at the time the services are rendered. In the end, however, you are responsible for the total fee charged if your Insurance Company fails to pay for all or a portion of their percentage.

We would like to caution that your dental plan may not cover the full costs of the specific treatment you require. The actual coverage you receive will depend on how much you and your employer or union have agreed to pay towards the costs of your dental care, and the specific benefits that they have agreed to provide.

### **Changes in Health Status**

Our office should be advised of any changes in health status since your previous dental visit (eg: serious illness, surgery, changes in medication). It is important that we be advised so as not to compromise your on going medical treatment.

### **Patient records**

Patient files belong to the practice. if you wish to have your records transferred to another doctor, we will at you request, send summaries or copies to your new dentist.

### **Sterilization**

we are currently practising methods recommended by the Canadian Dental Association for infection control. Gloves and masks are worn by operatory personnel to reduce the risk of cross contamination.

### **Video Movies and Games**

We have video movies and games available at the reception desk. You will be asked to sign a log book so that we may maintain control of these items. They must be returned to the reception desk when you leave our office at the end of you appointment.

*We will make every effort to treat you with the same regard which we would like to be treated if we were in the same situation. Please let us know if we have succeeded.*